

Employment Policies

Drug and Smoke Free Workplace
 Direct Deposit of Pay
 Pre-Employment Background Investigation
 Pre-Employment Drug Screening

**County of Edgefield
 Application for Employment**

124 Courthouse Square, Edgefield, SC 29824
 Equal Opportunity Employer

App No: _____ Assigned by Personnel

Date _____

Application Must be Complete to be
 Considered for Employment and Must
 be Completed in Black Ink.



Positions for which I am applying:

- 1) _____
 2) _____
 3) _____

Name: Last		First		Middle		Other name you may be known as:	
Present Address:			City and State:		Zip Code:		County: SSN:
Date Available:		Salary Expected:		Are you legally eligible for employment in the US? () Yes () No		Phone: 1) 2)	
Work Status Desired Full Time () Part Time ()		Hours Available:		Shifts () Yes () No		Weekends () Yes () No	
						Overtime () Yes () No	
Were you previously employed by Edgefield County? () Yes () No							
If yes, state when and where employed: What department? When?							
Do you have relatives working for the County? () Yes () No If yes - Name: Relationship:							
No two members of an immediate family may be employed in the same department if one would be supervising the other or have any influence over the position.							
Do you have a valid SC Driver's License? () Yes () No If yes - State: Number:							
Class II: () Yes () No Class III: () Yes () No CDL: () Yes () No							
Have you ever been convicted, pled guilty, or pled nolo contendere to any crime other than a minor traffic violation? () Yes () No							
If yes, explain the charge(s), date(s), and disposition(s) in detail: (Conviction is not an automatic bar from employment - circumstances will be considered.)							
Have you ever been bonded in prior employment? () Yes () No. If YES, list name(s) of employer(s)							
EDUCATION							
Name & Location of School		Course of Study		Years Completed		Did You Graduate?	
Elementary							
High School							
College		Major: Degree:					
Post Graduate		Major: Degree:					
Technical/Business/Other							
SKILLS							
Typing: () Yes () No _____ wpm		Dictaphone: () Yes () No				Note: Test may be required!	
Shorthand: () Yes () No _____ wpm		Computer: () Yes () No					
Word Processing: () Yes () No _____ wpm		Data Entry: () Yes () No					
Were you in the Armed Forces? () Yes () No If YES, Branch Dates of Duty							
Rank at Discharge List duties and special training							
PERSONAL REFERENCES							
List three references who are not relatives or previous employers							
Name		Address		Occupation		Years Acquainted Phone Number	
1.							
2.							
3.							
List any qualifications you have other than employment history for the position you are applying:							

(Please Do Not Write Below This Line)

PRE-EMPLOYMENT INFORMATION FORM

Qualified applicants are considered for employment and employees are treated during employment without regard to race, religion, sex, national origin, age, marital status, or disability.

To help us comply with Federal/State Equal Employment Opportunity recordkeeping, reporting and other legal requirements, please answer questions on the back of this form.

This Pre-Employment Information will be kept in a Confidential File, separate from the attached Application for Employment

Edgefield County is an Equal Employment Opportunity Employer

Employment History

List all present and past employment, beginning with most recent for the past 10 years or since high school. If necessary, use additional paper. All time must be accounted for!

Employer:	Address: include City, State & Zip	From:	To:
Duties:		Position:	
	Final Salary:	Supervisor:	
May We Contact ()yes ()no. If NO, Explain:	Reason for Leaving:	Phone #	
Employer:	Address: include City, State & Zip	From:	To:
Duties:		Position:	
	Final Salary:	Supervisor:	
May We Contact ()yes ()no. If NO, Explain:	Reason for Leaving:	Phone #	
Employer:	Address: include City, State & Zip	From:	To:
Duties:		Position:	
	Final Salary:	Supervisor:	
May We Contact ()yes ()no. If NO, Explain:	Reason for Leaving:	Phone #	
Employer:	Address: include City, State & Zip	From:	To:
Duties:		Position:	
	Final Salary:	Supervisor:	
May We Contact ()yes ()no. If NO, Explain:	Reason for Leaving:	Phone #	

**READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN. APPLICATIONS WHICH ARE NOT SIGNED
WILL NOT BE CONSIDERED FOR EMPLOYMENT**

I hereby affirm that all statements made herein are true and correct. I authorize the County to conduct whatever investigation it deems necessary to confirm the statements submitted on this application. I understand that any misstatement or omission of fact on this application shall be sufficient grounds for refusal to hire or dismissal. I also authorize and request each former employer and person, firm or corporation given as a reference to answer any and all questions that may be asked and to give any and all information that may be sought in connection with application concerning my work habits, character or skill. I agree to submit myself, upon request, for physical examination by a physician selected by the County and understand that failure to meet the physical requirements may disqualify me for employment. The use of this application form does not indicate that there are any positions available, and in no way obligates the County. **I understand and agree that if I am employed, I may terminate my employment at any time, with or without notice and without cause. I understand that the County has the same right.**

All tentatively selected candidates for employment with Edgefield County will be required to submit and pass a pre-employment drug test and background screening as a condition of employment. If employed, the name on your social security card will be used on the payroll.

I understand that the U.S. Government required by the County to verify my eligibility for U.S. employment and my identity. I understand that the County must decline to hire me if I fail to present adequate proof of my eligibility and identity.

Date _____ Signature _____

EDGEFIELD COUNTY USE ONLY			
Dept/Div:	()New Position ()Existing Position-Replacing:		
Position:	Effective Date	Requested Grade:	Step Salary: Hr. OT B/W A
Comments:	Scheduled Hours		
Approvals:	Dept Head/Date	Personnel Director/Date	County Administrator/Date

Applicant Please Complete This Section (See reverse side for explanation) Date: _____

SSN: _____ Position(s) applied For: 1) _____ (2) _____

Name: _____ Phone# _____ Address: _____

Date of Birth: _____ Age: _____ Sex: ()Male ()Female Are you a Vietnam Era Veteran? ()Yes ()No
Disabled ()Yes ()No Percent of Disability _____%

United States Citizen: ()Yes ()No Vietnam Era: ()Pre-Vietnam ()During Vietnam ()Post-Vietnam

Race/Ethnic Group: () White () Black () American Indian/Alaskan Native () Asian/Pacific Islander

Referral Source: () Advertisement () School Placement () Employment Agency () County Employee () Job Service
() Other (specify) _____